ORCHARD MANOR - FDD 8800 HI GHWAY 61

LANCASTER 53813 Ownership: Phone: (608) 723-2113 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): **50** No Total Licensed Bed Capacity (12/31/01): 50 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 46 Average Daily Census: 49

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Length of Stay (12/31/01)	%		
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care	No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse	97. 8 0. 0 2. 2 0. 0	Age Groups Under 65 65 - 74 75 - 84 85 - 94	% 69. 6 21. 7 6. 5 2. 2	Less Than 1 Year 1 - 4 Years More Than 4 Years ***************************	6. 5 23. 9 69. 6 100. 0
Adult Day Health Care Congregate Meals Home Delivered Meals Other Meals	No No No No	Para-, Quadra-, Hemiplegic Cancer Fractures Cardiovascular	0. 0 0. 0 0. 0 0. 0	95 & 0ver 65 & 0ver	0. 0 100. 0 30. 4	Full-Time Equivaler Nursing Staff per 100 Re (12/31/01)	
Transportation	No	Cerebrovascul ar	0.0			RNs	4. 2
Referral Service Other Services	No No	Di abetes Respi ratory	0. 0 0. 0	Sex	% 	LPNs Nursing Assistants,	8. 3
Provide Day Programming for Mentally III Provide Day Programming for Developmentally Disabled	No Yes	Other Medical Conditions	0. 0 100. 0	Male Female	45. 7 54. 3 100. 0	Aides, & Orderlies	50. 2
Developinentarry Drsabreu	162				100.0		

		ledicare litle 18			edicaid itle 19		0ther		Pri vate Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				46	100.0	151	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	46	100. 0
Traumatic Brain In		0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	0	0.0		46	100.0		0	0.0		0	0.0		0	0.0		0	0.0		46	100. 0

County: Grant ORCHARD MANOR - FDD

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti o	ns, Servi ce	s, and Activities as of 12/	31/01
beachs builing kepoliting relied				%	Veedi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One 0:	Two Staff	Dependent	Resi dents
Private Home/With Home Health	20.0	Bathi ng	2. 2		84. 8	13. 0	46
Other Nursing Homes	40.0	Dressing	26. 1		58. 7	15. 2	46
Acute Care Hospitals	20.0	Transferring	43. 5		43. 5	13. 0	46
Psych. HospMR/DD Facilities	0.0	Toilet Use	37. 0		45. 7	17. 4	46
Rehabilitation Hospitals	0.0	Eati ng	69. 6		10. 9	19. 6	46
Other Locations	20.0	*************	******	******	******	********	*****
Total Number of Admissions	5	Continence		%	Special Trea	atments	%
Percent Discharges To:		Indwelling Or Externa		2. 2	Recei vi ng	Respiratory Care	0. 0
Private Home/No Home Health	12. 5	Occ/Freq. Incontinent	t of Bladder	47.8	Recei vi ng	Tracheostomy Care	0. 0
Private Home/With Home Health	12. 5	Occ/Freq. Incontinent	t of Bowel	47. 8	Recei vi ng	Sucti oni ng	0. 0
Other Nursing Homes	0.0				Recei vi ng	Ostomy Care	2. 2
Acute Care Hospitals	12. 5	Mobility			Recei vi ng	Tube Feeding	13. 0
Psych. HospMR/DD Facilities	12. 5	Physically Restrained	i	0. 0	Recei vi ng	Mechanically Altered Diets	87. 0
Rehabilitation Hospitals	0.0				_	-	
Other Locations	0.0	Skin Care			Other Resid	ent Characteristics	
Deaths	50 . 0	With Pressure Sores		0. 0	Have Adva	nce Directives	2. 2
Total Number of Discharges		With Rashes		0. 0	Medi cati ons		
(Including Deaths)	8	ĺ			Recei vi ng	Psychoactive Drugs	32. 6

	This		TDD	T		
	Facility %	Fac %	ilities Ratio	Fac	lties Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	98. 0	84. 6	1. 16	84. 6	1. 16	
Current Residents from In-County	47. 8	41. 3	1. 16	77. 0	0. 62	
Admissions from In-County, Still Residing	40. 0	17. 0	2. 35	20. 8	1. 92	
Admissions/Average Daily Census	10. 2	18. 6	0. 55	128. 9	0.08	
Di scharges/Average Daily Census	16. 3	22. 2	0. 74	130. 0	0. 13	
Discharges To Private Residence/Average Daily Census	4. 1	9. 4	0. 44	52. 8	0. 08	
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00	
Residents Aged 65 and Older	30. 4	15. 8	1. 92	87. 5	0. 35	
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1.46	
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00	
Developmentally Disabled Residents	97. 8	99. 7	0. 98	7. 6	12.90	
Mentally Ill Residents	2. 2	0. 2	11. 63	33. 8	0.06	
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0.00	
Impaired ADL (Mean)*	40. 9	50.6	0. 81	49. 3	0.83	
Psychological Problems	32. 6	46. 6	0. 70	51. 9	0. 63	
Nursing Care Required (Mean)*	12. 8	11.0	1. 16	7. 3	1.74	